## AIDS cuts life expectancy in sub-Saharan Africa by a quarter

Dorothy Logie Melrose

The spread of HIV and AIDS in sub-Saharan Africa has far exceeded the worst projections, according to speakers at the 11th international conference on AIDS and sexually transmitted diseases in Africa. In 13 countries the prevalence of HIV infection is more than 10%, and in some it is more than 10%, and in some it is as high as 30%. At the conference in Lusaka, Zambia, last week, the epidemic was described as an unprecedented threat to the region's economic development.

At the end of 1998, 22.5 million people out of the region's population of 600 million were living with HIV or AIDS; this number includes 1 million children. The epidemic in sub-Saharan Africa accounts for two thirds of the worldwide total of 34 million people with HIV/AIDS. About 7500 people are infected daily.

In only two countries, Uganda and Senegal, does the epi-

demic seem to be abating. Strong governmental leadership in these countries ensures that there is universal health education, that condoms are easily available, and that there is coordinated action from the government.

Life expectancy in the region has decreased from 64 to 47 years. Sixty five per cent of patients in medical wards in Zambia, and 75% in paediatric wards, are infected with HIV or have AIDS, and the underfunded health system is near to collapse. Even common drugs such as co-trimoxazole are scarce.

In Zambia, a 15 year old has a 60% chance of dying of AIDS. As the epidemic, which is driven largely by poverty, continues to grow, there is little sign of widespread change in sexual behaviour, especially among teenagers, one of the most vulnerable groups.



Children, orphaned by AIDS, carry benches to their classroom at a relief agency near Lusaka, Zambia

Tsepo Sitali, aged 8, described to the conference the anguish of her friend who will mark her eighth birthday without a mother or a father because both died from AIDS last year.

Tsepo's friend is not alone: the number of children orphaned by AIDS in Zambia is forecast to reach 500 000 by the year 2010. The epidemic affects children not only directly through infection being spread from mother to child but also through the deaths of their parents which results in their being forced into prostitution and other forms of exploitation.

Children, especially girls, are taken out of school to nurse sick relatives or because school fees are no longer affordable. Only an estimated 10% of the predicted illness and death has occurred: the full impact on people, communities, and economies is still to come.

## AMA sets up "union" for employed doctors

Scott Gottlieb New York

The American Medical Association's Board of Trustees took definitive steps towards launching next month its national negotiating organisation for doctors employed by managed care and health maintenance organisations.

In a special meeting at the association's headquarters, the board took steps to implement last June's mandate from the House of Delegates to create the bargaining unit; the term "union" is never used by the association.

The new unit will be called Physicians for Responsible Negotiations, and it is being widely regarded as the association's response to the problems that US doctors and patients face with the spread of managed care and health maintenance organisations.

"We believe the name captures this organisation's essential mission," said the association's president, Thomas R Reardon. "This new organisation will represent employed physicians and eligible resident physicians and be the strong voice of organised medicine exactly where it's needed: at the bargaining table.

"We're not going out and actively organising physicians. What we are trying to offer them is an alternative to traditional labour unions, which are now out trying to recruit physicians."

The association's board also recommended a constitution under which Physicians for Responsible Negotiations will be governed. The preamble to that constitution states that the organisation will advocate the creation and maintenance of a healthcare system which will guarantee its members a working atmosphere in which they can devote time and attention to their patients' needs.

To assist doctors interested in unionising, the association is putting two staff members on to the new organisation's governing board, which will eventually have between nine and 12 members.

## Calcium channel blockers affect cognitive function in older people

David Spurgeon Quebec

Declines in cognitive function were significantly greater among elderly people using calcium channel blockers than among those using other anti-hypertensive agents, according to a study published in the Canadian Medical Association Journal (1999;161:501-6).

The study found that people using calcium channel blockers had a greater mean decline from baseline on the modified mini mental state examination and were significantly more likely than those who used other antihypertensive drugs (75% v 59%) to exhibit poor cognitive performance at follow up five years later.

About 34% of the participants who used calcium channel blockers and 24% of those who used other antihypertensive drugs experienced a decrease of 10 points or more in their scores on the mini mental state examination.

The study analysed data from a population based, prospective investigation of the epidemiology of dementia and other health issues within a representative sample of Canadians aged 65 and older. The total sample included 10 263 people, 9008 living in the community and 1255 living in institutions, who were interviewed between February 1991 and May 1992. A total of 509 participants met the researchers' criteria for inclusion in the study.

In an editorial (pp534-5), Dr Henry B Dinsdale, professor emeritus at Queen's University's medical faculty, Kingston, Ontario, says the effects of calcium antagonists on cognitive function and dementia remain speculative. The Calgary study involved relatively few subjects, the treatment duration was short, and the variables were